

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027788

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 5701 Registrar's No. 160

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Greene Township</u> TOWN <u>Minutes</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>U.S. 36 Miles West Chillicothe</u> INSTITUTION <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Omaha</u> Inside Limits <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2208 North 27th Ave.</u> Reside on Farm <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ulysses</u> Middle <u>Scott</u> Last <u>Scott</u>		4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Semi-skilled laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing Plant</u>	11. BIRTHPLACE (City and state or country) <u>Holly Grove, Ark. U.S.A.</u>
13a. FATHER'S NAME <u>Short Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Mae unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Willie M. Scott, Omaha, Nebr.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage, Internal & External</u> DUE TO (c) <u>Multiple Injuries, Internal</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile Accident</u>	
20c. TIME OF INJURY <u>11:30</u> Hour <u>8-3-62</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36</u>		
21. I attended the deceased from <u>Never</u> , to <u>from</u> and last saw him alive on <u>11:30 P.M.</u> Death occurred at <u>11:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION <u>Chillicothe</u> COUNTY <u>Livingston</u> STATE <u>Missouri</u>	
22a. SIGNATURE (Degree or title) <u>J.B. Webber D.O. Coroner</u>		22b. ADDRESS <u>901 Jackson, Chillicothe, Mo</u>	22c. DATE SIGNED <u>8-4-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4 Aug 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Omaha, Nebraska</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Norman Funeral Home, Chillicothe, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 4, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10590
282602
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AUG 21 1962

AUG 23 1962

AUG 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.